OneCare Vermont
Network Success Story

2017 Quality Measurement Data Abstraction

Continuous Quality Improvement

Measuring quality is a key element of the Accountable Care Organization (ACO) model. Each year, OneCare Vermont (OCV) must measure and report on twenty-one quality measures for the Medicare, Medicaid and Commercial payer programs. These measures reflect the work of network providers, help in the identification of quality improvement activities and are tied to incentives for quality care. In order to capture data for the clinically-based quality measures, OCV performs manual data abstraction, where trained staff reviews thousands of patient records. The period of data abstraction is short: all identified patient records must be reviewed between January and March for the proceeding calendar year. In 2017, OneCare took lessons learned from previous abstractions and changed processes; process improvements were noted as a result.

SPOTLIGHT ON ONECARE VERMONT NETWORK:

Key Drivers

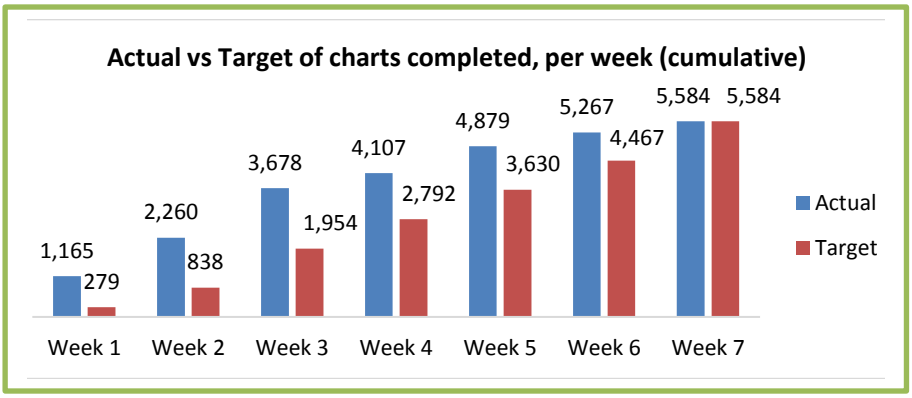
- Over 5,000 patient records required manual review
- Previously clinical staff performed abstraction and operations staff assisted with data entry; office/MD staff required supervision of abstractors when on-site
- Physical charts required travel around VT to review; travel was not planned based on proximity to abstractor
- Planning for on-site abstraction (date/time, access to records, access to staff) began after record identification
- Communication/training to abstractors was inconsistent
- Access to and training of off-site electronic medical records (EMRs) also delayed abstraction
- Application used for collecting data elements (REDCap) was not as robust as needed

Actions Taken

- Abstraction of medical records expanded to include OCV operations and quality improvement staff, alongside clinicians
- Assigned in-state travel based on location of abstractors
- Assignments (both on- and off-site) were based on abstractors' familiarity with sites' records and EMR
- Increased remote access to EMRs, reducing in-state travel
- Planning for on-site abstraction occurred prior to record identification, based on patient attribution per provider
- Team members used weekly huddles and collaborated throughout process while fostering a transparent environment
- Incorporated application enhancements in REDCap, allowing for clarity on measure specification needs

OUTCOMES: 2017 Overall Quality Data Abstraction

- **Increased provider satisfaction:** Providers who switched to remote EMR access reported an easier and less disruptive process. Increased remote EMR access from six to nine sites.
- **Resources improved:** Abstractors reported the enhanced REDCap to be more helpful and efficient. Abstractors reported the training process prepared them for data collection.
- **Improved efficiency:** Data collection for Medicaid and Commercial measures completed two weeks early. Medicare's completed on time.



LESSONS LEARNED

- Continuous quality improvement process greatly enhanced the planning and execution of 2017 data abstraction
- Remote abstraction difficult in office with distractions and competing duties; providers and abstractors asked for more regular data abstraction, not just once a year.
- **Next steps**: will explore off-site computer labs and blocking off time for remote access; implement monthly "pulse check" abstractions of remote EMR to provide feedback to providers and maintain abstractors' skills; release user-friendly guides of clinical measures to participating providers to allow providers to modify their processes and better meet the measures.